
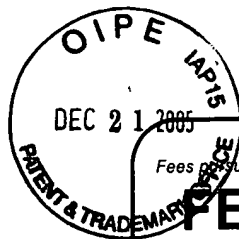




|   |            |   |          |
|---|------------|---|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional) 020547-002110US    |          |
| Application Number 10/645,818   |            | Filed August 20, 2003                       |          |
| For TRANSFORMATION SYSTEM BASED ON THE INTEGRASE GENE AND ATTACHMENT SITE FOR MYXOCOCCUS XANTHUS BACTERIOPHAGE MX9  |            |   |          |
| Art Unit 1633   |            | Examiner Michael D. Burkhart                |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |          |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                       | \$ 225   |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                       | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                       | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                      | \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. 12/28/2005 DTESEM1 00000043 201430 10645818  |            |   |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 01 FC:2252 225.00 DA  |            |   |          |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> as authorized on the enclosed Fee Transmittal Form.                   |            |   |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |   |          |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |            |   |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,429</u>  |            |   |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |          |
| <br>_____<br>Signature   |            | December 21, 2005<br>_____<br>Date          |          |
| Randolph Ted Apple, Reg. No. 36,429<br>_____<br>Typed or printed name   |            | (650) 326-2400<br>_____<br>Telephone Number |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |          |
| <input type="checkbox"/> Total of _____ forms are submitted.  |            |   |          |



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ 250)

**Complete if Known**

|                      |                     |
|----------------------|---------------------|
| Application Number   | 10/645,818          |
| Filing Date          | August 20, 2003     |
| First Named Inventor | JULIEN, Bryan       |
| Examiner Name        | Michael D. Burkhart |
| Art Unit             | 1633                |
| Attorney Docket No.  | 020547-002110US     |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
|                  | Small Entity |          | Small Entity |          | Small Entity     |          |                |
|                  | Fee (\$)     | Fee (\$) | Fee (\$)     | Fee (\$) | Fee (\$)         | Fee (\$) |                |
| Utility          | 300          | 150      | 500          | 250      | 200              | 100      |                |
| Design           | 200          | 100      | 100          | 50       | 130              | 65       |                |
| Plant            | 200          | 100      | 300          | 150      | 160              | 80       |                |
| Reissue          | 300          | 150      | 500          | 250      | 600              | 300      |                |
| Provisional      | 200          | 100      | 0            | 0        | 0                | 0        |                |

**2. EXCESS CLAIM FEES**

| Fee Description   | Small Entity |          |
|---|--------------|----------|
|   | Fee (\$)     | Fee (\$) |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50           | 25       |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200          | 100      |
| Multiple dependent claims   | 360          | 180      |

| Total Claims | Extra Claims  | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|----------|---------------|---------------------------|----------|---------------|
| 21           | -20 or HP = 1 | x \$25   | = \$25        |                           |          |               |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 2             | -3 or HP = 0 | x \$100  | = \$0         |

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | / 50 =       | (round up to a whole number) x                   |          |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Extension of Time

**Fees Paid (\$)**

225

**SUBMITTED BY**

|                   |                    |                                   |        |           |                   |
|-------------------|--------------------|-----------------------------------|--------|-----------|-------------------|
| Signature         |                    | Registration No. (Attorney/Agent) | 36,429 | Telephone | 650-326-2400      |
| Name (Print/Type) | Randolph Ted Apple |                                   |        | Date      | December 21, 2005 |